

## **CRC TOOLBOX PROJECT EVALUATION PLAN**

The Toolbox provides tools to ensure that office systems are in place to identify eligible patients and to encourage these patients to be screened for colorectal cancer.

The evaluation plan is designed to track the office progress on increasing physician colorectal cancer screening recommendations to patients at every opportunity and increasing the number of colorectal cancer screening tests completed.

By March 31, 2009, Regional CCC Coordinators should have an office on board to implement and evaluate an improved office system to increase colorectal cancer screening using the Toolbox as a guide. The timeframe for implementation activities is 12 months.

<b>Purpose</b>	<b>Assessment</b>	<b>Method</b>
Program Implementation Process	Regional coordinator provided technical assistance according to project design	Checklist of Implementation Activities (Form 1)  (ongoing – to be turned in with quarterly reports)
Program Implementation Process	Clinician office implemented Toolbox Essentials: <ul style="list-style-type: none"> <li>• Physician recommendation</li> <li>• Office policy</li> <li>• Office reminder system</li> <li>• Communication system</li> </ul>	Practice Assessment and Process Tracking Tool (Form 2)  (ongoing – to be turned in with quarterly reports)
Outcome Measure	Patient up to date on screening recommendations (clinician discussed screening with pt)  Patient up to date on screening tests (patient completed screening)	Colorectal Screening Tracking Form (Form 3)  (ongoing – to be turned in with quarterly reports)
Program Implementation Process	Clinician and office manager feedback	Clinician and office manager surveys or interviews (TBD)  (end of project period)

**CHECKLIST OF IMPLEMENTATION ACTIVITIES**

Please write the date completed next to each item below. Turn this form in with your quarterly reports to the MCCCCP. Details about any of these items can be reported in the Activities Log of your quarterly report.

- \_\_\_\_\_ Identify individual in office who needs to approve project
- \_\_\_\_\_ Meet with person who needs to approve project
- \_\_\_\_\_ Project approved by office
- \_\_\_\_\_ Identify person who will implement project
- \_\_\_\_\_ Provide orientation to key staff person implementing project
- \_\_\_\_\_ Distribute *Colorectal Cancer Screening Tracking Form* (Form 3) and begin using immediately
- \_\_\_\_\_ Assess with key staff person current office system practice using *Practice Assessment and Process Tracking Tool* (Form 2)
- \_\_\_\_\_ Decide with key staff person a timeline to implement toolbox essentials to be completed within 12 months
- \_\_\_\_\_ Meet with key staff at least monthly during implementation – track time spent on this project for quarterly reports
- \_\_\_\_\_ Collect *Colorectal Cancer Screening Tracking Form* (Form 3) quarterly
- \_\_\_\_\_ Turn in completed *Practice Assessment and Process Tracking Tool* (Form 2) as part of the Evaluation Plan
- \_\_\_\_\_ Gather feedback about process from key staff person (tool TBD)

## **CRC SCREENING TRACKING FORM (Form 3)** **INSTRUCTIONS**

1. Instruct practice staff to start using this form immediately. It is a project requirement as part of the evaluation plan.
2. Give the lead staff blank forms with project specific, non-identifiable, numbered labels attached; numbers include the CCC region for the first 2 digits and then the 3 digit sequential number (ex. 01-001, 01-002, 01-003). Have them contact you for more labels when needed. When making more labels, continue sequentially, do NOT start over.
3. Staff is to complete one form for each patient 50 years or older and for patients identified as high risk for colorectal cancer. Flag the patient's record that the form is started. If patient is in for a repeat visit within the project timeframe, do not fill out another form, check the original for completeness.
4. All pilot offices must complete this form on paper as part of the project (even if they have EMR). This form may also serve as a tool when implementing an Office Reminder System (Essential 3).
5. Provide the Regional CCC Coordinator with a copy of the forms quarterly. To ensure confidentiality, cover the patient name at the top of the page while making copies.
6. Establish who in the office is responsible for maintaining the Tracking Forms, where they will be stored and who will copy them.
7. Coordinator will send all copies to Janae Grotbo, Administrative Staff at the MCCCCP.

## **Office Staff Instructions for Colorectal Cancer (CRC) Screening Tracking Form (Form 3)**

Staff is to complete one form for each patient 50 years or older and for patients identified as high risk for colorectal cancer. Flag the patient's record that the form is started. If patient is in for a repeat visit within the project timeframe, do not fill out another form, check the original for completeness.

All pilot offices must complete this form on paper as part of the project (even if they have EMR). This form may also serve as a tool when implementing an Office Reminder System (Essential 3).

Provide the Regional CCC Coordinator with a copy of the forms quarterly. To ensure confidentiality, cover the patient name at the top of the page while making copies.

Establish who in the office is responsible for maintaining the Tracking Forms, where they will be stored and who will copy them.